MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN/CHILD READY MT

CHILD READY montana

CONNECTION NEWSLETTER

VOLUME 3, ISSUE 10, OCTOBER 2016

OCTOBER ISSUE: 

This issue has Caring for Children in Disasters, SOAR training; SCA in children; SUIDS; EPC; educational opportunities and articles related to pediatric care- **& MORE! TRIVIA- answer & win a free Pediatric optimum traction device-first 1 to email answers to Robin -rsuzor@mt.gov.**

HEAD INJURY SCREENING TESTS APPROVED

Assess brain function after possible concussions (By Scott Roberts-(HealthDay News) –
New computer software to assess the brain's function after a traumatic head injury has been approved by the U.S. Food and Drug Administration. The **Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT) test** and a similar test for children are meant to be used by doctors to assess signs and symptoms of head injuries that could be concussions, the agency said Monday in a news release. **The software runs on laptop or desktop computers.**

Traumatic brain injuries account for more than 2 million trips to the emergency room in the United States each year, the FDA said. These injuries contribute to the deaths of some 50,000 people in the U.S. annually. The adult test is approved for people ages 12 to 59, and the pediatric test for children ages 5 to 11, the agency said. The tests' Pittsburgh manufacturer, ImPACT Applications, submitted more than 250 peer-reviewed articles in support of their approval, the FDA said.

Learn About Concussions

Concussions can happen in an instant-from toddlers falling at home to teenagers participating in sports. Concussions are traumatic brain injuries that can hurt a child's brain and may impact their development. Understanding the signs and symptoms of a brain injury may help you quickly address the situation. Learn more about concussions

Caring for Children in a Disaster

Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response: Web page provides information about how to protect children in disasters and emergency situations. It provides links to pages for How Children Are Different, Real Stories, Games and Activities for Children, Protect Your Family, Schools and Child Care, and Health Professionals and Emergency Planners.

DID YOU KNOW? A New Look for Think Cultural Health!

The Office of Minority Health at the U.S. Department of Health and Human Services is pleased to announce the launch of Think Cultural Health's newly redesigned website! Please visit www.ThinkCulturalHealth.hhs.gov and check out the new site.

The Think Cultural Health website now includes designs that feature a simpler layout and brighter colors. It's also mobile ready and can be accessed anytime from your cell phone, tablet and lap top and desk top computers.
Our goal is to offer engaging and practical tools to increase public awareness and understanding of culturally and linguistically appropriate services (CLAS) that are available to all. The new Think Cultural Health website design makes it easier for anyone to browse the latest resources and find information that will help individuals and organizations deliver respectful, understandable, and effective services to all. Start exploring today!

- The National CLAS Standards section features an explanation of CLAS, a printable list of the *Standards*, the comprehensive technical assistance document called The Blueprint, and more.
- The Education section features e-learning programs designed for disaster personnel, nurses, oral health professionals, physicians, community health workers, and more.

The Resources section features a searchable library of 500+ online resources, recorded presentations, educational video units on CLAS, and more.

SOAR HUMAN TRAFFICKING TRAINING

Stop. Observe. Ask. Respond (SOAR) Human Trafficking Training
Jointly provided by Postgraduate Institute for Medicine and U.S. Department of Health and Human Services
Many victims of human trafficking come into contact with health care and social service professionals and remain unidentified. Potential victims can present with a wide-range of physical and psychological health issues and social service needs. The SOAR training aims to educate health care and social service professionals on how to identify, treat, and respond appropriately to potential victims of human trafficking.

The SOAR training was originally designed in 2014 by the HHS Administration for Children & Families (ACF) and the Office on Women's Health (OWH) as a pilot training for health care providers. It was tested by partnering with hospitals and community clinics in Atlanta, Boston, Houston, Oakland, and Williston and New Town, North Dakota with the goal of increasing provider awareness and identification of potential victims of human trafficking. Two SOAR Technical Working Groups and several regional work groups comprised of human trafficking survivors and other health care experts helped develop the SOAR content.

Anyone interested in learning more about how to recognize and respond to human trafficking in a health care or social services setting are encouraged to enroll in SOAR. In particular, training content will be available for the following specific audiences: Health care providers (e.g., physicians, dentists, nurses, EMRs)

What will I learn in the SOAR training?

- **S**top - Become aware of the scope of human trafficking
- **O**bserve - Recognize the verbal and non-verbal indicators of human trafficking
- **A**sk - Identify and interact with a potential human trafficking victim using a victim-centered, trauma-informed approach
- **R**espond - Respond effectively to a potential human trafficking victim by identifying needs and available resources to provide critical support and assistance

To spread the word and learn more about the SOAR Training, please download **SOAR Training Infographic** and **SOAR Training Poster**.

Who should you contact to learn more about SOAR? Find **contacts in the Office of Trafficking in Persons**. SOAR webpage.

New emergency preparedness rule for Medicare and Medicaid

The effective date will be November 16, 2016 and the implementation date will be November 16, 2017.

On September 8, 2016, the Centers for Medicare and Medicaid Services finalized their Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers. The new rule ensures that affected health care providers and suppliers plan adequately for both natural and man-made disasters, in order to increase patient safety and establish a more coordinated disaster response. The providers and suppliers will need to meet four common industry standards: develop an emergency plan, implement policies and procedures based on the plan, maintain a communication plan, and maintain training and testing programs, including drills and exercises.

There are 30+ resources in Disaster Lit® related to Medicare and Medicaid, and ASPR TRACIE has more resources and technical assistance on the new rule

Child Ready Montana is a State Partnership Regionalization of Care Grant (SPROC) funded by the Federal Health Resource and Services Administration (HRSA). Montana is one of 3 states to be awarded this grant with the Montana Emergency Medical Services for Children (EMSC) Program.

The Department of Public Health and Human Services (DPHHS) is offering a free Disability Awareness **Train the Trainer training** for firefighters / EMS personnel, 911 dispatchers, and law enforcement officials.

The training will take place in October with separate sessions for each type of first responder. All trainings will take place in **Helena at the Days Inn located at 2001 Prospect Avenue**. The three separate training sessions are as follows:

- Firefighter/EMS training-Sunday, October 16 -8 a.m. to 5 p.m. & Monday, October 17-8:30 a.m. -noon
- 911 dispatcher training- Monday, October 17 -1 p.m. to 5 p.m. & Tuesday, October 18, 8:30 a.m.-4:30 p.m.
- Law enforcement training-Wednesday and Thursday, October 19-20, 8:30 a.m. to 4:30 p.m.

Online registration is open and all attendees must register in advance at: http://frdat.niagara.edu/training/upcoming-trainings/

DPHHS is partnering with Niagara University's First Responder Disability Awareness Training program. According to DPHHS officials, **the training is aimed to help Montana's first responders improve their skills when working with individuals with disabilities**. This training will help educate emergency responders on how to effectively identify, address and respond to various situations involving people with disabilities that they may encounter in the line of duty. **This 'train the trainer' opportunity is developed strictly for firefighters/EMS, dispatchers and law enforcement with the intent for them to train other first responders in their communities**. DPHHS hopes that local training coordinators will take advantage of this opportunity to ensure appropriate response techniques are used, and to help support some of our most vulnerable people so they can live and work in all communities. For more information call Kelly McNurlin at 444-4215 or email at KMcNurlin2@mt.gov.

SUDDEN CARDIAC ARREST IN KIDS: WHAT AND WHY?

By Bobby V. Khan, MD, PhD, Chairman, Board of Directors Sudden Cardiac Arrest Foundation, and Assistant Professor Medicine/Cardiology, Emory University School of Medicine, Atlanta, GA

Jill was a healthy teenager who was very active in her school and church activities. She had been selected to her cheerleading squad at high school and was very excited about it. One day during cheerleading practice, she collapsed and died suddenly. The autopsy revealed that she had a heart abnormality that had never been detected. Needless to say, this was a tremendous shock to her family and friends, and they will always wonder if something could have been done to prevent her sudden and unexpected death.

Though it's true that sudden cardiac arrest (SCA) is a primary cause of death in adults (there are about 300,000 sudden cardiac deaths each year in the United States alone), it's quite rare in the young. Around the world, there are millions of children and young adults who are able to live a healthy life and do whatever they want without incident.

The causes of SCA and death in young people vary. In most cases, a coroner discovers during an autopsy that SCA and the ultimate demise was due to a cardiac abnormality. Other causes of deaths are not determined because the cause could never be found. Sometimes, there may be a genetic disorder, and we may need to do further genetic testing to confirm that it's heart-related. However, what all SCA episodes have in common is the final common pathway that leads to death. For a variety of reasons, something causes the heart to degenerate into a chaotic and abnormal electrical rhythm and the heart beats out of control. This abnormal heart rhythm is known as ventricular fibrillation.

CAN SUDDEN DEATH IN YOUNG PEOPLE BE PREVENTED? Yes, it often can. Many times these deaths occur with no advance warning. However, there are a couple of signs that can indicate trouble. The first is sudden and unexplained fainting that occurs during physical exertion. This is known as syncope. In addition to syncope, seizures can also occur. So if someone passes out while running in a race, that's a warning sign. The other major warning sign is a family history of unexplained deaths before the age of 50.

In Italy and Japan, authorities screen young people with the use of an electrocardiogram that records the electrical signals present in the heart. However, the problem with screening is that these tests can lead to false-positive results — tests that look suspicious, but turn out normal. But if someone has risk factors, it's important to get checked. For example, if a family member has died young from causes related to SCA, it's essential that an autopsy be done on that person to determine the cause of death. In addition, all first-degree relatives of the deceased must be evaluated carefully — that means parents, siblings and children.

SCA and sudden death is rare in the young. But SCA can happen, and it's important to determine how we can find these people who are at risk for SCA. It's estimated that 6-8,000 deaths result from SCA in the young on an annual basis. That is something to be concerned about.

SUDDEN UNEXPLAINED INFANT DEATH SYNDROME (SUIDS) AWARENESS MONTH

About 3,500 US infants die suddenly and unexpectedly each year. We often refer to these deaths as sudden unexpected infant deaths (SUID). Although the causes of death in many of these children can't be explained, most occur while the infant is sleeping in an **unsafe sleeping environment.**

Researchers can't be sure how often these deaths happen because of accidental suffocation from soft bedding or overlay (another person rolling on top of or against the infant while sleeping). Often, no one sees these deaths, and there are no tests to tell sudden infant death syndrome (SIDS) apart from suffocation.

To complicate matters, people who investigate SUIDs may report cause of death in different ways and may not include enough information about the circumstances of the event from the death scene.

Law enforcement, first responders, death scene investigators, medical examiners, coroners, and forensic pathologists all play a role in carrying out the case investigation. A thorough case investigation includes: An examination of the death scene; an autopsy; and a review of the infant's medical history.

Most SUIDs are reported as one of three types of infant deaths. **Types of SUID:**

- **Sudden Infant Death Syndrome (SIDS)**
  SIDS is defined as the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and a review of the clinical history. About 1,500 infants died of SIDS in 2014. SIDS is the leading cause of death in infants 1 to 12 months old.
- **Unknown Cause-** the sudden death of an infant less than 1 year of age that is unexplained and is not consistent with or does not meet the criteria for a diagnosis of SIDS.

- **Accidental Suffocation and Strangulation in Bed -** Mechanisms that lead to accidental suffocation include:
  - Suffocation by soft bedding—for example, when a pillow or waterbed mattress covers an infant's nose and mouth.
  - Overlay—for example, when another person rolls on top of or against the infant while sleeping.
  - Wedging or entrapment—for example, when an infant is wedged between two objects such as a mattress and wall, bed frame, or furniture.
  - Strangulation—for example, when an infant's head and neck become caught between crib railings.

A better understanding of the circumstances and events associated with sleep-related infant deaths may help reduce future deaths. CDC's activities aim to standardize and improve data collected at infant death scenes and promote consistent reporting and classification of SUID cases. These activities help local and state teams to improve investigation systems by changing practices, policies, and creating data-driven interventions to reduce risk, such as safe sleep education and promotion.

SUDDEN INFANT DEATH SYNDROME AND BED-SHARING IN MONTANA, 2003-2010

Carol Ballew, PhD, Senior Public Health Epidemiologist and Bruce Schwartz, MA, MPA, Lead Vital Statistics Epidemiologist

Prevention campaigns based on proximate environmental risk factors have been very effective in reducing the national SIDS mortality rate from 1.20 deaths per 1,000 live births in 1992 to 0.50/1,000 in 2008. The most **dramatic reduction was** associated with the "**Back to Sleep" campaign**, followed by **eliminating soft crib bedding, avoiding smoking during pregnancy, and protecting infants from second-hand smoke….**

The team reviewed all 586 death certificates of infants less than one year of age who died between January 1, 2003 (when the new version of the Montana death certificate was implemented) and December 31, 2010. They identified all infants with an Underlying Cause of Death of *SIDS* (ICD-10 classification R95), *Other sudden death cause unknown* (R96.0; although this should be applied only to adults, there was one infant with this cause of death recorded), ***Other ill-defined and unspecified causes of mortality*** **(R99, equivalent to SUID),** ***Accidental suffocation and strangulation in bed*** **(W75), and** ***Sequelae of prematurity of 28-36 weeks gestations*** **(P07.3).**

NURSES: A CONTINUING EDUCATION OPPORTUNITY FOR YOU

Nurses are in a unique position to educate parents and caregivers about risk reduction of SIDS and other sleep-related causes of infant death. Make sure you are sharing the latest safe sleep recommendations by completing this Continuing Education (CE) Activity for Nurses.

Continuing Education Activity on Risk Reduction for Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death: Curriculum for Nurses

This learner-led or instructor-led CE program enables nurses to receive CE credits by completing a module about reducing the risk of SIDS and other sleep-related causes of infant death.

SAFE TO SLEEP® CAMPAIGN MATERIALS

The Safe to Sleep® campaign offers a variety of materials to help share safe infant sleep messages with different audiences. Many of these items are available for download and order-view a list of all NICHD publications related to SIDS and Safe to Sleep®.

For items that you can use to promote the Safe to Sleep® campaign or your outreach, check out the E-Toolkit.

How much do you know about SUIDS?

1. **Define SUIDS.**
2. **Accidental Sleep Related Death can be prevented? TRUE Or FALSE**
3. **List four things that should NOT be in a crib.**
4. **In what position should a baby be put to sleep each and every time?**
5. **Bed sharing is recommended by the American Academy of Pediatrics? TRUE or FALSE**
6. **Exposure to tobacco smoke increases a baby's risk of dying from SUIDS or a sleep related death. TRUE or FALSE?**
7. **Room sharing is recommended by the American Academy of Pediatrics. TRUE or FALSE?**

Sudden Unexpected Infant Death (SUID) Fact Sheet

This fact sheet[PDF - 197 KB](https://www.cdc.gov/sids/pdf/sudden-unexpected-infant-death.pdf) from CDC's Division of Reproductive Health describes sudden unexpected infant death (SUID) and CDC's SUID Case Registry.

1. SUID =Sudden Unexplained Infant Death Syndrome; 2. True-however ccurrently there is no way to predict which newborns will die from SUIDS and no way to prevent it in ***all*** cases. However, there are lifesaving steps parents and caregivers can take to help protect their baby from SUIDS, suffocation and accidents during sleep; 3. Soft blankets, toys, bumper pads, pillows, any other objects- uncluttered sleeping space is the safest sleeping space for a baby. Again, Bare is Best; 4. On the BACK; 5. False room-sharing without bed-sharing; 6. True-Babies whose mothers smoke during pregnancy are three times more likely to die from SIDS. Exposure to second-hand smoke by mothers, fathers, grandparents and others after the baby is born also greatly increases the risk of SUIDS. Studies have found that the risk of SIDS increases with each additional smoker in the home, the numbers of cigarettes smoked a day, and the length of the infant's exposure to cigarette smoke. New research now warns of the dangers of third-hand smoke – the chemicals left behind on clothing and in homes and cars. Babies should always be kept in a smoke-free environment to protect against SUIDS and other respiratory illness.; 7.True

Preparing teams for high consequence encounters

Emergency Pediatric Care (EPC)
Information Sheet

- MT EMS for Children provides EPC at no cost to MT EMS agencies and providers through grant funding.
- EPC is a NAEMT course that focuses on the practical care of pediatrics from birth to puberty.
- Best Practice Medicine is a local Montana training organization that coordinates and administers the course for the MT EMSC office.

Course Details

- EPC is a nationally accredited hybrid course appropriate for BLS and ALS providers.
- 16 hours of pediatric contact time awarded through CCESBEMS for EMS providers who complete the course.
- To complete the course students must pass eight hours of online content prior to the eight-hour practicum class day.
- The online content will be made available to each student within 96 hours of course registration.
- Students may register for the course starting 90 days prior to the scheduled class day.
- A $75 dollar deposit per student required at time of registration. This deposit is not refunded if the student for any reason does not attend the class day.
- To register for a course visit www.bestpracticemedicine.com

To Schedule a Course for your Team

- Contact Ben King at bking@bestpracticemedince.com with three desired course dates and estimated number of students.
- Visit www.bestpracticemedicine.com for more details.

HEALTHCARE QUALITY WEEK

October 16-22, Healthcare Quality Week is the time we dedicate to celebrating the contributions professionals have made in the field and their impact on healthcare! Throughout the week, bring greater awareness to the Profession of Healthcare Quality and celebrate and acknowledge the work of healthcare quality professionals. Resources are available that you can use to help your organization celebrate the profession of healthcare quality as well as events to help you get in the spirit! Whether you're planning a week-long celebration or a Lunch & Learn event, take advantage of NAHQ's HQW resources to make the most of your event.

Download the free **Healthcare Quality Week poster** and display it as is. Or, add your organization's information to the **customizable poster** (for customization, view in Adobe Reader or Acrobat).

Host a Lunch and Learn **presentation**.

Download the official 2016 **HQW logo** and **e-mail signature**.

Use publicity and word of mouth to promote HQW activities. Add your institution's information in NAHQ's **press release template** to spread the word.

Post updates and discussions on your social channels using **#HQW2016.**

PEDIATRIC FUNDAMENTAL CRITICAL CARE SUPPORT (PFCCS)

Pediatric Fundamental Critical Care Support (PFCCS) is a two-day comprehensive course addressing fundamental management principles for the first 24 hours of post-resuscitation management of the critically ill pediatric patient until transfer or appropriate critical care consultation can be arranged.

This 2-day course will be held for the first time in Montana, hosted by Community Medical Center in Missoula and taught by three visiting pediatric intensivists from Seattle Children's and The University of Washington, all certified PFCCS instructors through the Society of Critical Care Medicine. The course is offered twice, November 10/11 or November 12/13 from 8:00 am to 5:00 pm. Breakfast and lunch will be provided. A textbook will be provided prior to the course. For more information: http://www.sccm.org/Fundamentals/PFCCS/Pages/default.aspx

TO REGISTER FOR THE COURSE: http://pfccscommunitymedicalcenter2016.eventbrite.com

Course Objectives
* Prioritize assessment needs for the critically ill or injured infant and child.
* Select appropriate diagnostic tests.
* Identify and respond to significant changes in the unstable pediatric patient.
* Recognize and initiate management of acute life-threatening conditions.
* Determine the need for expert consultation and/or patient transfer and prepare for optimal transfer.

Intended Audience
* Hospitalists caring for potentially unstable, critically ill or injured pediatric patients
* Advanced practice nurses and physician assistants with limited pediatric practice
* Rapid response/medical emergency team members
* Emergency medicine physicians who do not routinely care for pediatric patients
* Nurses caring for complex and potentially unstable patients
* Pre-hospital providers with lengthy patient transfer times

If you have questions, please contact: Lauren Wilson, MD: lswilson@communitymed.org - OR - Maria A. Phillips, Education Specialist: phone 406-327-4009 | fax 406-327- 4497

This course is partially subsidized by Community Medical Center and the Life Flight Network. Cost to physicians and mid-level providers is $400, and for RN/RT/paramedics it is $175.

TRIVIA

Answer the trivia and win free Pediatric optimum traction device-first 1 to email answers to Robin - rsuzor@mt.gov NOT to the listserve.

1. **What is SUIDS?**
2. **What is one risk factor for SUIDS?**
3. **What are two components of a safe sleep environment for infants?**
4. **Name one of the educational resources listed in this newsletter.**

E-Cigarettes and Pregnancy

CDC has announced a new training on e-cigarettes and pregnancy for health professionals. E-Cigarettes and Pregnancy is a free, online interactive presentation on electronic nicotine delivery systems and their potential health effects during and after pregnancy and discusses effective tobacco cessation treatments. E-Cigarettes and Pregnancy is a new module for Smoking Cessation for Pregnancy and Beyond: A Virtual Clinic, an online training designed for health professionals to effectively assist women in quitting smoking. The training is eligible for free continuing education and Maintenance of Certification Part IV credit.

Learn more and view the training, and learn about Tobacco Use and Pregnancy from CDC's Division of Reproductive Health.

Talking with Patients About Alcohol Use During Pregnancy

Talking with Patients About Alcohol Use During Pregnancy
New *Clinical Minutes*

We all have busy schedules, but that shouldn't get in the way of you earning **free** CME/CE credit easily and *on your own watch*.

Learning Objectives:
By the end of these activities, you will be able to:

- Identify the outcomes associated with prenatal alcohol exposure
- Apply appropriate patient-centered communication skills to counseling reproductive age and pregnant women on prevention strategies to reduce the risks of FASD

Talking with Patients About Alcohol Use During Pregnancy Part 1 – Desiree Watch
Talking with Patients About Alcohol Use During Pregnancy Part 2 – Claire Watch

Disaster Preparedness Budget Model

Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response This resource is an Excel-based tool designed to assist healthcare executives in preparing their finances to withstand a large-scale public health emergency. The model helps executives estimate the resources needed by healthcare departments (e.g., administration, emergency room, facilities, information and technology) during a disaster; and calculate the amount of cash reserves that may be needed for maintaining operations while awaiting reimbursement from insurance companies or government agencies.

EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM, MT DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEMS, P.O. BOX 202951, HELENA, MT 59620 -- CONTACT INFORMATION: rsuzor@mt.gov or (406) 444-0901